



EMERGENCY DISCLOSURE OF PARTICIPANT INFORMATION

Pursuant to §24-30-2110(12), C.R.S., "...an official or agency receiving information pursuant to this subsection (12) shall certify to the executive director or his or her designee that the official or agency has a system in place to protect the confidentiality of a participant's actual address from the public and from personnel who are not involved in the trial, hearing, proceeding, or investigation."

Please complete and sign before a notary public.

I, _____, am seeking the emergency disclosure of actual address or phone number information for the following ACP participant:

Participant Name _____ Apt # _____

I certify that the requested information is required pursuant to a:

- ☐ Trial
☐ Hearing
☐ Investigation
☐ Other Proceeding _____
Type of proceeding

AND

- ☐ I certify that the information requested will be protected from the public and personnel who are not involved in the trial, hearing, proceeding or investigation.

Signature of person seeking the disclosure

_____, 20____.
Date

State of Colorado)
)ss
 County of _____)

Subscribed and sworn to before me this ____ day of _____, 20____, by
 _____.

 Notary Public My Commission Expires: _____

ACP Section

The requested information was provided to _____

How was the information provided? _____

Date _____ Signed _____